DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To:	HCFA-1500 Claim Form Billers Regional Administrators CSO Administrators	**Memorandum No. 00-01 MAA** **Issued:** February 1, 2000
From:	Thomas W. Bedell, Acting Secretary Medical Assistance Administration	**If you have questions, call:** Provider Relations 1-800-562-6188
Subject:	**New Claims Capture & Imaging System (CCIS)**	

The **Medical Assistance Administration (MAA) has a new claims scanning/imaging system**, known as Scan-Optics ImageEMC++. This system is designed to maximize effective and accurate automatic processing of paper claims and related documents.

How does the new claims scanning/imaging system work?

The process starts when an image is created and supplied by a Scan-Optics high-speed scanner. The data from the image is then processed through an Optical Character Recognition (OCR) system that views and verifies the scanned data. This data is then passed to the Medicaid Management Information System (MMIS) and processed.

OCR is an efficient and accurate process that does not require manual keying of each character from the claim form. However, the way the HCFA-1500 claim form is completed by providers may affect the scanner's ability to read the data correctly. Poorly formatted data seriously slows claims processing and timely reimbursement to providers.

What can providers do to help prevent errors?

Providers and billing services can help assure prompt and accurate OCR translation of their claims by following the guidelines listed below when preparing their HCFA-1500 claim forms for billing.

Guidelines for completing the HCFA-1500 claim form

- **Use only the original preprinted red and white HCFA-1500 claim forms** (version 12/90 or later, preferably on 20# paper). This form is designed specifically for OCR systems that do not recognize/read red ink. This OCR system cannot read black and white (carbon, copied, or lazer printer generated) HCFA-1500 claim forms.

- **Avoid using red ink pens and highlighters anywhere on the HCFA-1500 claim form**. The red ink pen and/or highlighter will also "drop out" of the image data and will not be picked up in the scanning process. Vital data may not be recognized.

- **Use 10 pitch (pica) typewritten characters and standard dot matrix fonts.**
  Do not: 1) mix character fonts on the same claim form; 2) use italics; or 3) use script.

- **Use upper case (capital letters) for all alpha characters**.

- **Use black printer ribbon, ink-jet, or laser printer cartridges**.
  Avoid using old or worn out print bands or ribbons when generating your billings. Check the print quality and readability of the claim form.

  If the print on a claim is too light to accurately be processed through the OCR system, the claim will be denied. The Explanation of Benefits (EOB) code will state that the claim cannot be processed.

- **Enter all claim information within the designated field** and on the same horizontal plane. Data that is misaligned will delay processing or may even be missed.

- **Place only six detail lines on each claim form.** If more than six detail lines are needed, use additional claim forms.

- **Total each claim form separately**. When multiple claim forms are necessary to report all information, total each form separately.

  > Do not type "continued on next claim" at the bottom of any claim form.
  > Do not indicate the entire total (for all claims) on the last claim form.

- **Do not enter information in any of the insurance fields unless it is private health insurance**. Entering comments such as: "Medicaid," "Medicare," "DSHS," or "Healthy Options" in these fields may cause delays or possible denial of payments.

- **If Medicare has allowed a service on the claim, please put "XO" in field 19** (Reserved for Local Use).

  > To indicate Medicare or Managed Medicare, please use field 19 (Reserved for Local Use), rather than fields 9 and 11.

- **Place all pertinent comments in field 19 (Reserved for Local Use).**
  (Example: "Not a duplicate," "Twin," "Baby on mom's PIC.")

- **Use only 6-digit dates for the date-of-service field**. (Example: 030800)

  > The use of slashes, dashes, 4-digit dates of service (3/8/00) and 8-digit dates of service (03/08/2000) could increase the chance of inaccurate data interpretation by the OCR system.

- **Please use only the appropriate 1-digit Washington State "Place of Service" codes in field 24B**. Refer to the appropriate MAA billing instructions for the Place of Service codes.

- **Make sure that the valid "Type of Service" code is entered in field 24C for the type of service you are billing**.

  Valid Type of Service codes:

  ✓ 3 for Physician claims
  ✓ 9 for Medical Vendor claims; and
  ✓ Z for Ambulatory Surgery Center claims.

  > Omitting this code or billing with an invalid "Type of Service" code could cause the claim to be routed to the wrong "type of claim" processing queue, resulting in denial of the claim.

- **Enter only valid ICD-9-CM diagnosis codes and procedure codes**.
  (Refer to your billing instructions for these codes.)
  Do not add extraneous information such as the descriptions of these codes.

- **Do not use dollar signs in any dollar amount fields**.

- **Do not add or indicate tax on the claim form**. The system will automatically do so (when appropriate).

- **Enter your billing provider number in field 33, Grp #.**
  Enter (if applicable) the performing provider number in field 33, Pin#.

- **Submit any necessary backup documents on single-sided, standard size, white sheets of paper (8 ½ x 11)**. Please make sure the backup documentation is readable, then attach the documentation to each individual claim form.

  > Backup submitted on any of the following could result in inaccurate processing and denial of the claim:
  >
  > ✓ "Post-It" notes;
  > ✓ Colored paper;
  > ✓ Legal-sized or double-sided paper;
  > ✓ Backup for multiple claims attached to a single claim

A blank HCFA-1500 claim form is attached for your reference ⇨